

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020126-5
BLC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 2
DS 0532
COPY 1 OF 2

(Address)

(City)

(State)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|---|-----------------------------|---|----------|------------|-------|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 27,126. | 43 |
| Use continuation sheet(s) if necessary | | | | | | | |
| Shipped from _____ to _____ Weight _____ Government B/L No. _____ | | | | | Total | 27,126. | 43 |

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

Date 5/9/58 *Payee _____

(Not required when a like certificate is made by payee on attached bill or bills)

Per _____

Title _____

Amount verified; correct for _____
(Signature or initials) *EL*

27,126 43

Contract No. A-101

Date _____

Req. No. _____

Date _____

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$_____
Cash, \$_____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation as well as the company name must appear. For example: "John Doe Company, per John Smith, Secretary, or Treasurer." If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$_____", and over his official title.

Per _____

Title _____

STATOTHR

Sheet #1

4/30/58

Continued to Sheet #10

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4/30/58

[illegible]

Continued to Sheet #10

4/30/58

Continued to sheet # 4

DATE _____

4/30/58

FORM STL - 660

[illegible]

Continued to Sheet #5

FORM STL - 660

WEEKLY DET DISTR DATE

4/30/58

[illegible]

Continued to Sheet #16

WEEKLY DET DISTR DATE

[illegible]

4/30/58

[illegible]

Continued to sheet #8

WEEKLY DET DISTR **DATE**

Continued to Sheet #9

4/30/58

| BATCH | | | | INVOICE | PURCHASE | CHECK | PAYMENT | | VENDOR | GROSS | DISCOUNT | Tax | Cost | TH. | COST CENTER | | | CHARGE DISTRIBUTION | | | | NET AMOUNT |
|------------------------|-----|-----|-----|---------|----------|--------|---------|-----|--------|--------|----------|-------|---------|------|-------------|------|------|---------------------|--------|------|------------|---------------------------|
| No. | Mo. | Day | Yr. | NUMBER | ORDER | NUMBER | Mo. | Day | Number | AMOUNT | | Class | Element | CODE | Maj. | Int. | Sub. | Account | M.J.O. | S.D. | Work Order | |
| 39 | 04 | 29 | 8 | 1726 | 44853 | | 05 | 02 | 233 | | | | | 50 | 25 | 27 | 20 | 12501 | 5044 | 36 | 3 | 6600 6600 * |
| 11 | 04 | 30 | 8 | 20 | | 8652 | 04 | 30 | 352 | | | | | 55 | 25 | 40 | 00 | 12501 | 5044 | 36 | 1 | 2130 2130 * 8730 ** |
| Continued to Sheet #10 | | | | | | | | | | | | | | | | | | | | | | |

Continued to sheet #10

4/30/58

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